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#### TRANSMITTAL LETTER

TO: Registration Section Division of Corporation	ns
SUBJECT:	(Name of Limited Liability Company)
	Foreign Limited Liability Company for Authorization to Transact Business in nee, and check are submitted to register the above referenced foreign limited outsiness in Florida
Please return all corresponden	ce concerning this matter to the following:
	(Name of Person)
	White Peak Martsage, LLC (Firm/Company)
250 (oma	(Address)
	(Name of Person)  White Peau Martsase, LLC  (Firm/Company)  Level Street Suite 1001, Manchester NH 03101 (Address)  Manchester NH 03101  (City/State and Zip Code)
For further information conce	ming this matter, please call:
Maurice A aran (Name	at (603) 232-8800  of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporatio 409 E. Gaines Street Tallahassee, Florida 32	Registration Section  Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the fol	lowing amount:

□ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate

Certificate of Status Certified Copy

□ \$160.00 Filing Fee, Certified Copy

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: White Peak Martsage, LLC
(Name of Foreign Limited Liability Company) New Hampshire 3. 03-0539406
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) Der pe toe (
Duration: Year limited liability company will cease to O3123 2004 (Date of Organization) exist or "perpetual") (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 250 Commercial Street 1 Suite 1001 Manuester NH 03/01 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: We Are a martage browning selling local for refinencing and suches home locals. Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Maurice Agran Ritter

Typed or printed name of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

I. The name of the Limited Liability Co	ompany is:	
2. The name and the Florida street addr	ress of the registered agent and office are	;;
Corporation Service	e Company	
	(Name)	
1201 Hays Street		
Florida Street	Address (P.O. Box NOT ACCEPTABLE)	05 KI
Tallahassee	FL 32301	
	City/State/Zip	O PIII
liability company at the place designated agent and agree to act in this capacity. I relating to the proper and complete perfo	and to accept service of process for the abo in this certificate, I hereby accept the app further agree to comply with the provision ermance of my duties, and I am familiar wi gent as provided for in Chapter 608, Flor	pointment diregist <b>ere</b> d ns of all sta <del>l</del> utes ith and accept the

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

## State of New Hampshire Department of State

#### CERTIFICATE OF EXISTENCE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that WHITE PEAK MORTGAGE, LLC is a New Hampshire limited liability company formed on March 23, 2004. I further certify that all fees required by the Secretary of State's office have been received and that a certificate of cancellation has not been filed.



IN TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 7th day of March, A.D. 2005

William M. Gardner Secretary of State

William m. Danler